

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90328 005 ***150.00

DOCUMENT # 600566

1. Entity Name

SMITH, NANTAIS & SWIGGETT, M.D.S, P.A.



Principal Place of Business

2191 9TH AVENUE NORTH
SUITE 120
ST. PETERSBURG FL 33713
US

Mailing Address

2191 9TH AVENUE NORTH
SUITE 120
ST. PETERSBURG FL 33713
US

2. Principal Place of Business

709 16th STREET N.

3. Mailing Address

709 16th STREET N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

ST. PETERSBURG, FL

City & State

ST. PETERSBURG, FL

4. FEI Number

59-1224060

Applied For

Not Applicable

Zip

33705

Country

USA

Zip

33705

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMITH, MICHAEL J
2191 9TH AVENUE NORTH
SUITE 120
ST PETERSBURG FL 33713

Name

Street Address (P.O. Box Number is Not Acceptable)

709 16th STREET N.

City

ST. PETERSBURG

FL

Zip Code

33705

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004: Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PSD	<input type="checkbox"/> Delete
NAME	SMITH, MICHAEL J	
STREET ADDRESS	1100 FRIENDLY WAY SOUTH	
CITY-ST-ZIP	ST PETERSBURG FL 33705	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	NANTAIS, ROBERT P	
STREET ADDRESS	1208 DARLINGTON OAK CIRCLE NE	
CITY-ST-ZIP	ST PETERSBURG FL 33703	
TITLE	SEC	<input type="checkbox"/> Delete
NAME	SWIGGETT, ROBERT L JR	
STREET ADDRESS	131-BAY POINT DRIVE NORTHEAST	
CITY-ST-ZIP	ST. PETERSBURG FL 33704	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL J. SMITH

4/28/2004

727-550-4599

Date

Daytime Phone #